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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/893,348 06/28/2001 ABN
which is a CIP of 09/314,161 05/19/1999 ABN
which is a CIP of PCT/US98/14715 07/21/1998
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** FOREIGN APPLICATIONS *****

ISRAEL IL 124550 05/19/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 30	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

1444

TITLE

METHOD FOR REDUCING NEURONAL DEGENERATION SO AS TO AMELIORATE THE EFFECTS OF INJURY OR DISEASE

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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